Element Name: **Claim Form Type (2-210)**

Validity Edits

2-210-01 VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10/1/93; OTHERWISE NO EDIT APPLIES'.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NONE		

Element Name: *PCM Location DMIS-ID* **(2-211)**

Validity Edits

2-211-01 MUST BE VALID DMIS CODE

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
REGION CODE	SEE BELOW	
ENROLLMENT STATUS CODE	SEE BELOW	

Edited Element Relationship

2-211-02R *IF ENROLLMENT STATUS CODE = Z (PRIME ENROLLEE WITH MTF/CLINIC PCM)*
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID

IF ENROLLMENT STATUS CODE = U (PRIME ENROLLEE WITH MCS CONTRACTOR NETWORK PCM)
PCM LOCATION DMIS-ID MUST BE BETWEEN 6901 AND 6912 FOR CONUS PRIMARY CARE MANAGERS, OR
PCM LOCATION DMIS-ID MUST BE BETWEEN 6913 AND 6915 FOR PRIMARY CARE MANAGER IN EUROPE.

IF ENROLLMENT STATUS CODE ***NOT*** *= U OR Z (INDICATING NON-PRIME BENEFICIARIES)*
PCM LOCATION DMIS-ID MUST BE BLANK

CONVERSELY,

IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME)
ENROLLMENT STATUS CODE MUST ***NOT*** *= U OR Z.*

IF PCM LOCATION DMIS-ID = 6900 - 6912
ENROLLMENT STATUS CODE MUST = U.

IF PCM LOCATION DMIS-ID = 6913 - 6915
ENROLLMENT STATUS CODE MUST = U.

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = Z.

IF TIDEWATER PRIME ENROLLEE, AND
ENROLLMENT STATUS CODE = "U"
PCM LOCATION DMIS-ID MUST = 6501.

IF TIDEWATER PRIME ENROLLEE, AND
ENROLLMENT STATUS CODE = "Z"
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID.

IF TIDEWATER PRIME ENROLLEE
ENROLLMENT STATUS CODE MUST NOT = "E"
FROM SEPTEMBER 1, 1997 FORWARD ON NEW CLAIMS.

CONVERSELY,

IF PCM LOCATION DMIS-ID = 6501 (TIDEWATER)
ENROLLMENT STATUS CODE MUST = "U"

Element Name: ***PCM Location DMIS-ID*** **(2-211) (Continued)**

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = "Z"

NOTE: A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DoD CATCHMENT AREA DIRECTORY (CAD).

Element Name: **Number of Payment Reduction Days/Services (2-212)**

Validity Edits

2-212-01 MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
REASON FOR PAYMENT REDUCTION	SEE BELOW	ENROLLMENT STATUS
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

Edited Element Relationship

2-212-02R IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK.
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST BE GREATER THAN ZERO.

Element Name: **Provider Contract Affiliation Code (2-214)**

Validity Edits

2-214-01 MUST BE AN ALPHANUMERIC VALUE OF '0' (NOT APPLICABLE), **OR** '1' (CONTRACTED) **OR** '2' (NOT CONTRACTED), **OR** '3' (CONTRACTED/NON-CONTRACTED) OR '4' (ACTIVE DUTY - GSU).

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)

Edited Element Relationship

Element Name: **Provider State or Country Code (2-215)**

Validity Edits

2-215-01 MUST APPEAR IN A FIGURE OF VALID STATE **OR** COUNTRY CODES, **OR** BE ALL BLANKS.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PROVIDER STATE/COUNTRY CODE[1]	SEE BELOW	PROVIDER TAXPAYER NUMBER[1], PROVIDER SUBIDENTIFIER[1], PROVIDER ZIP CODE[1], BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE[1]
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROVIDER MAJOR SPECIALTY	SEE BELOW	

Edited Element Relationship

2-215-02R MUST MATCH THE PROVIDER STATE **OR** COUNTRY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES AND NON-INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, AND PROVIDER ZIP CODE.

IF PROGRAM INDICATOR = 'D' (DRUG) **AND** PROVIDER PARTICIPATION INDICATOR = 'N'
DO NOT CHECK PROVIDER FILE.

IF AMOUNT ALLOWED ≤ ZERO
DO NOT CHECK FOR MATCH ON PROVIDER FILE.

ELSE
FOR EACH DETAIL OCCURRENCE
IF (NETTED) AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
DO NOT CHECK FOR MATCH ON PROVIDER FILE.

2-215-03R CAN BE BLANK-FILLED **WHEN** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES).
DO NOT CHECK PROVIDER FILE. ERROR GENERATED IF PROVIDER STATE/COUNTRY CODE IS BLANK **WHEN** SPECIALTY IS NOT 'TS' (TRANSPORTATION SERVICES).

[1] ***PROVIDER FILE***

Element Name: **Provider Taxpayer Number (2-217)**

Validity Edits

2-217-01 MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND LAST 7 CHARACTERS MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE, AND THIRD CHARACTER MUST BE = 'A', AND LAST 6 CHARACTERS MUST BE NUMERIC.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	PROVIDER TAXPAYER NUMBER[1]	SEE BELOW	PROVIDER SUBIDENTIFIER[1], PROVIDER ZIP CODE[1]
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
2-310-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
2-315-06R	END DATE OF CARE		SAME AS ABOVE
	INST/NON-INST INDICATOR[1]	SEE BELOW	RECORD TYPE

Edited Element Relationship

2-217-02R NONINSTITUTIONAL PROVIDER TAXPAYER NUMBER MUST MATCH THE NONINSTITUTIONAL PROVIDER TAXPAYER NUMBER IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, PROVIDER ZIP CODE, (AND RECORD IS ACTIVE).
OR
PROVIDER SUB-IDENTIFIER AND/OR ZIP CODE ON THE CLAIM MUST MATCH THE PROVIDER SUB-IDENTIFIER AND/OR ZIP CODE ON THE PROVIDER FILE FOR THE PROVIDER TAXPAYER NUMBER
OR
PROVIDER IS NOT CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE (DENIAL REASON CODES "M" AND "N.").

2-217-04R[2] **WHEN** AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE.

[1] ***PROVIDER FILE***

[2] ***USE 2-217-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 2-217-02R.***

Element Name: Provider Taxpayer Number (2-217) (Continued)

2-217-05R IF PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = 'N' MUST BE ALL NINES, OR A VALID PROVIDER TAXPAYER NUMBER.
DO NOT CHECK PROVIDER FILE.

2-217-06R MUST BE ALL NINES **WHEN** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES).
DO NOT CHECK PROVIDER FILE.

2-217-07R PROVIDER TAXPAYER NUMBER **CANNOT** BE ALL NINES **UNLESS** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES), **OR** (PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = NO). DO NOT CHECK PROVIDER FILE **WHEN** PROVIDER TAXPAYER NUMBER IS ALL NINES.

NO ERROR IF DENIAL REASON CODE = "M" (PROVIDER IS NOT CHAMPUS CERTIFIED) OR "N" (MULTIPLE DENIAL REASONS)
DO NOT CHECK PROVIDER FILE.

NO ERROR IF DENIAL REASON CODE = "7" (SUSPENSE LIMITATION EXCEEDED)

TYPE OF SUBMISSION
- C COMPLETE CANCELLATION OF PRIOR HCSR DATA
- D COMPLETE FI/CONTRACTOR DENIAL HCSR SUBMISSION
- E COMPLETE CANCELLATION OF NON-HCSR DATA

DO NOT CHECK PROVIDER FILE

[1] ***PROVIDER FILE***

[2] ***USE 2-217-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 2-217-02R.***

Element Name: **Provider Subidentifier (2-220)**

Validity Edits

2-220-01 MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC, **OR** FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC, **OR** ALL FOUR NUMERIC.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-217-03R	PROVIDER SUBIDENTIFIER[1]		PROVIDER TAXPAYER NUMBER[1], PROVIDER ZIP CODE[1]
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
2-310-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
2-315-06R	END DATE OF CARE		SAME AS ABOVE

Edited Element Relationship

NO ERROR IF PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = 'N' DO NOT CHECK PROVIDER FILE.

NO ERROR IF PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES), DO NOT CHECK PROVIDER FILE.

NO ERROR IF DENIAL REASON CODE = "M" (PROVIDER IS NOT CHAMPUS CERTIFIED) DO NOT CHECK PROVIDER FILE.

NO ERROR IF DENIAL REASON CODE = "7" (SUSPENSE LIMITATION EXCEEDED)

TYPE OF SUBMISSION
- C COMPLETE CANCELLATION OF PRIOR HCSR DATA
- D COMPLETE FI/CONTRACTOR DENIAL HCSR SUBMISSION
- E COMPLETE CANCELLATION OF NON-HCSR DATA

DO NOT CHECK PROVIDER FILE

[1] ***PROVIDER FILE***

Element Name: **Provider Zip Code (2-225)**

Validity Edits

2-225-01 MUST BE NINE CHARACTERS; EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS, **OR** ALL BLANKS.

MUST **NOT** BE ALL ZEROES, **OR** ALL NINES.

2-225-02 FIRST 3 DIGITS (IF NUMERIC) MUST APPEAR ON VALID ZIP CODE TABLE. FIRST 2 CHARACTERS (IF NOT NUMERIC AND NOT BLANK) MUST APPEAR ON VALID COUNTRY CODE FIGURE.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-217-03R	PROVIDER ZIP CODE		PROVIDER TAXPAYER NUMBER[1], PROVIDER SUBIDENTIFIER[1]
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY	SEE BELOW	
2-310-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
2-315-06R	END DATE OF CARE		SAME AS ABOVE

Edited Element Relationship

NO ERROR IF PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = 'N'
DO NOT CHECK PROVIDER FILE.

2-225-04R CAN BE BLANK-FILLED **WHEN** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES). ERROR GENERATED IF PROVIDER ZIP CODE IS BLANK **WHEN** SPECIALTY IS **NOT** 'TS', **OR** HCSR IS **NOT** FOR FOREIGN COUNTRY, (BASED ON ALPHA VS. NUMERIC STATE/ COUNTRY CODE).
DO NOT CHECK PROVIDER FILE.

[1] ***PROVIDER FILE***

Element Name: **Provider Participation Indicator (2-230)**

Validity Edits

2-230-01 MUST BE ONE OF THE FOLLOWING VALUES 'Y' (YES) **OR** 'N' (NO).

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
SPECIAL PROCESSING CODE	SEE BELOW	

Edited Element Relationship

2-230-02R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE

- A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
- B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
- K GEORGIA/FLORIDA PPO
- E HHC/CM
- S RESOURCE SHARING

PROVIDER PARTICIPATION INDICATOR MUST = Y.

Element Name: Provider Major Specialty (2-235)

Validity Edits

2-235-01 THIS FIELD MUST BE A VALID PROVIDER MAJOR SPECIALTY. SEE THE ADP Manual, Chapter 2, Addendum C.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PROVIDER MAJOR SPECIALTY **OR** TYPE OF INSTITUTION[1]	SEE BELOW	PROVIDER TAXPAYER NUMBER[1], PROVIDER SUBIDENTIFIER[1], PROVIDER ZIP CODE[1], BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE[1]
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
STATE/COUNTRY CODE	SEE BELOW	
FI/CONTRACTOR NUMBER	SEE BELOW	

Edited Element Relationship

2-235-02R MUST MATCH THE PROVIDER MAJOR SPECIALTY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND NONINSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, AND PROVIDER ZIP CODE.

IF AMOUNT ALLOWED ≤ ZERO
DO NOT CHECK FOR MATCH ON PROVIDER FILE

ELSE
FOR EACH DETAIL OCCURRENCE
IF (NETTED) AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO
DO NOT CHECK FOR MATCH ON PROVIDER FILE.

2-235-03R IF PROVIDER MAJOR SPECIALTY IS 'TS' (TRANSPORTATION SERVICES) THEN THE PROGRAM INDICATOR MUST BE = 'H' (PFPWD)
DO NOT CHECK PROVIDER FILE.

PROVIDER MAJOR SPECIALTY MUST BE '49' (MISCELLANEOUS) **WHEN** PROGRAM INDICATOR = 'D' (DRUG),
DO NOT CHECK PROVIDER FILE.

2-235-06R IF ANY SPECIAL PROCESSING CODE = 6 (HOME HEALTH CARE)
PROVIDER MAJOR SPECIALTY MUST ≠ 24, 35, 48, 50, 80, 84, 86, **OR** 92.

2-235-07R IF PROVIDER MAJOR SPECIALTY = '86' (CHRISTIAN SCIENCE)
FI/CONTRACTOR NUMBER MUST = '53' (FHC) **OR** '13' (ADSI) OR '11' (FHFS) OR '06' (FHFS) OR '03' (REGION 3/4) OR '60' (REGION 9, 10, 12) **OR** (TRIWEST).

[1] *PROVIDER FILE*

Element Name: **Provider Major Specialty (2-235) (Continued)**

2-235-08R PROVIDER MAJOR SPECIALTY ≠ 70
(THE MAJOR SPECIALTY OF THE PROVIDER IN THE CLINIC WHO PROVIDED THE SERVICE MUST BE REPORTED.)

[1] ***PROVIDER FILE***

Element Name: **Principal Treatment Diagnosis (2-255)**

Validity Edits

2-255-01 VALUE MUST BE A VALID ICD-9-CM DIAGNOSIS CODE.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	PATIENT SEX	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	AMOUNT BILLED	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
	SPECIAL PROCESSING CODE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	TYPE OF SERVICE	SEE BELOW	

Edited Element Relationship

2-255-02R[1] PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-255-04R PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION **AND** PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) **AND** PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.
USE ICD-9-CM TAPE FOR SEX-SPECIFIC DIAGNOSIS CODES.

2-255-05R PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR AGE-SPECIFIC DIAGNOSIS CODES.

2-255-08R IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = E (HHC/CM)
PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.

2-255-09R IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9 **AND** PROGRAM INDICATOR = I (INSTITUTIONAL) **OR** N = (NONINSTITUTIONAL), THEN
TYPE OF SERVICE FIRST POSITION MUST BE = 1 (INPATIENT) AND
TYPE OF SERVICE SECOND POSITION MUST = 4 (DIAGNOSTIC/THERAPEUTIC X-RAY), 5 (DIAGNOSTIC LABORATORY), **OR** 7 (ANESTHESIA) **AND**
AMOUNT BILLED MUST BE ≤ $200.00 **UNLESS** TYPE OF SUBMISSION = D (COMPLETE DENIAL) **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 (MEDICAID).

[1] ***THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-255-02R IS DONE INSTEAD.***

Element Name: **Principal Treatment Diagnosis (2-255) (Continued)**

2-255-10R IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9 AND PROGRAM INDICATOR = D (DRUG), AND ENROLLMENT STATUS = D - G, M, Q OR S, THEN
AMOUNT BILLED MUST BE ≤ $250.00 **UNLESS** TYPE OF SUBMISSION = D (COMPLETE DENIAL) **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 (MEDICAID).

2-255-11R IF PROGRAM INDICATOR = H (PROGRAM FOR PERSONS WITH DISABILITIES) **OR** T (DENTAL) THEN
PRINCIPAL DIAGNOSIS CANNOT = 799.9 **UNLESS** TYPE OF SUBMISSION = D (COMPLETE DENIAL) **OR** ANY OCCURRENCE OF SPECIAL PROCESSING CODE = 1 (MEDICAID)

[1] ***THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-255-02R IS DONE INSTEAD.***

Element Name: **Secondary Treatment Diagnosis-1 (2-260)**

Validity Edits

2-260-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, **OR** BLANK FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY TREATMENT DIAGNOSIS.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
	PATIENT SEX	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	

Edited Element Relationship

2-260-02R[1] SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-260-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

2-260-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [I.E., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN]. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[1] ***THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-260-02R (IN FUTURE) IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-260-02R IS DONE INSTEAD.***

Element Name: Secondary Treatment Diagnosis-2 (2-265)

Validity Edits

2-265-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED.[1]

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
	PATIENT SEX	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	

Edited Element Relationship

2-265-02R[2] SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-265-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/ SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

2-265-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN]. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[1] *See Edit 2-260-01.*

[2] ***THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-265-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-270-02R IS DONE INSTEAD.***

Element Name: Secondary Treatment Diagnosis-3 (2-270)

Validity Edits

2-270-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED.[1]

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
	PATIENT SEX	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	

Edited Element Relationship

2-270-02R[1] SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-270-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

2-270-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[1] *See Edit 2-260-01.*

[2] ***THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-270-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-265-02R IS DONE INSTEAD.***

Element Name: Secondary Treatment Diagnosis-4 (2-275)

Validity Edits

2-275-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, **OR** BLANK FILLED.[1]

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
	PATIENT SEX	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	

Edited Element Relationship

2-275-02R[1] SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-275-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

2-275-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[3] ***THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-275-02R (IN FUTURE). IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME, IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-275-02R IS DONE INSTEAD.***

Element Name: Utilization Data Occurrence Count (2-280)

Validity Edits

2-280-01	UTILIZATION DATA OCCURRENCE COUNT MUST BE = 01 THRU 25.

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
2-280-02R	TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT **OR** CANCELLATION HCSR MUST BE ≥ OCCURRENCE COUNT FOR PREVIOUS SUBMISSION OF HCSR.	OCCURRENCE COUNT ON HCSR DATABASE

Element Name: **Procedure Code (2-290)**

Validity Edits

N/A

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PROCEDURE TEXT IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PROVIDER MAJOR SPECIALITY	SEE BELOW	TYPE OF SERVICE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	ENROLLMENT STATUS, OVERRIDE CODE, AMOUNT ALLOWED BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	BEGIN DATE OF CARE

Edited Element Relationship

2-290-02R PROCEDURE CODE MUST BE VALID FOR PROCEDURE TEXT IDENTIFIER. IF PROCEDURE TEXT IDENTIFIER = 4, PROCEDURE CODE MUST BE A VALID CPT-4 CODE **OR** AN OCHAMPUS APPROVED CODE (SEE THE ADP Manual, Chapter 2, Addendum F). IF PROCEDURE TEXT IDENTIFIER = 8, PROCEDURE CODE MUST BE A VALID AMERICAN DENTAL ASSOCIATION (ADA) PROCEDURE CODE.

2-290-03R FOR ORIGINAL SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

FOR ADJUSTMENT/CANCELLATION SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.

BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE OF THE VALID DATE HCSR PROCESSED TO COMPLETION ENTRY ON THE PROCEDURE CODE DATABASE TABLE.

NOTE

DENIED PROCEDURES ARE EDITED AGAINST THE TABLE ENTRY FOR THE VALID DATE HCSR PROCESSED TO COMPLETION AND BEGIN DATE OF CARE. PROCEDURES MAY BE DENIED (GOVERNMENT PAY INDICATOR = NO) ON ONE TABLE ENTRY, AND ALLOWED (GOVERNMENT PAY INDICATOR = YES) ON ANOTHER TABLE ENTRY. SEE EDITS 2-290-04R AND 2-290-05R.

[1] ***USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R***

Element Name: Procedure Code (2-290) (Continued)

2-290-04R IF ENROLLMENT STATUS NOT = A, B, C, OR K (PRIME) AND PROCEDURE CODE IS A DENIED[1] PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT
AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

WHEN
TYPE OF SUBMISSION
- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- D COMPLETE DENIAL

OR
TYPE OF SUBMISSION
- A ADJUSTMENT
- C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE
TYPE OF SUBMISSION
- B ADJUSTMENT NON-HCSR DATA
- E CANCELLATION NON-HCSR DATA

OR
TYPE OF SUBMISSION
- A ADJUSTMENT
- C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO

2-290-05R IF ENROLLMENT STATUS = A, B, C, OR K (PRIME) AND PROCEDURE CODE IS A DENIED[1] PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO

WHEN
TYPE OF SUBMISSION
- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- D COMPLETE DENIAL

OR
TYPE OF SUBMISSION
- A ADJUSTMENT
- C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE
TYPE OF SUBMISSION
- B ADJUSTMENT NON-HCSR DATA

[1] ***USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R***

Element Name: Procedure Code (2-290) (Continued)

E CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ ZERO,
UNLESS OVERRIDE CODE = Z (ENHANCED BENEFIT)

2-290-06R PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = H; IF PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = G.

2-290-07R PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.

2-290-08R IF PROGRAM INDICATOR = D (DRUG)
PROCEDURE CODE MUST BE = 98800.

2-290-09R IF PRICING CODE =. 6 MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE

K CHAMPUS CLAIMCHECK-ADDED PROCEDURE, MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE

PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE

2-290-10R IF PROCEDURE CODE = 06896, 98320, 98550, 98551, 98552, 98553, 98554, 98555, 98556, 98557, 98558, **OR** 98559;
PROGRAM INDICATOR MUST = "H" (PROGRAM FOR PERSONS WITH DISABILITIES)

2-290-11R IF TYPE OF SERVICE ="I" (INPATIENT)
PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE.

[1] ***USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R***